


Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

| In re Application of: | | | | | | | |
|--|---|------------|--------------|------|---------------------|---|--------|
| Frederick Bauchot et al | | | | | | | |
| Application No. | | 09/812,202 | | | | | |
| Filed: | | 03/19/2001 | | | | | |
| Title: METHOD AND SYSTEM IN AN ELECTRONIC SPREADSHEET FOR HANDLING ABSOLUTE REFERENCES IN A COPY/CUT AND PASTE OPERATION ACCORDING TO DIFFERENT MODES | | | | | | | |
| Attorney Docket No. | | Art Unit | | | | | |
| FR920000003US1 | | 2176 | | | | | |
| <p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td>Andrew Calderon McGuire Woods LLP 1750 Tysons Blvd Suite 1800 McLean, VA 22102</td> <td>38,093</td> </tr> </tbody> </table> | | | | Name | Registration Number | Andrew Calderon McGuire Woods LLP 1750 Tysons Blvd Suite 1800 McLean, VA 22102 | 38,093 |
| Name | Registration Number | | | | | | |
| Andrew Calderon McGuire Woods LLP 1750 Tysons Blvd Suite 1800 McLean, VA 22102 | 38,093 | | | | | | |
| <p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p> | | | | | | | |
| SIGNATURE of Practitioner of Record | | | | | | | |
| Name | John R. Pivnichny | | | | | | |
| Signature |  | Date | 10/06/04 | | | | |
| Registration Number | 43,001 | Telephone | 607-429-4358 | | | | |

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.